

A bill for an act

relating to public health; limiting the Board of Medical Practice from bringing a disciplinary action against a physician for prescribing, administering, or dispensing long-term antibiotic therapy for chronic Lyme disease.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:

Section 1. **LONG-TERM ANTIBIOTIC THERAPY FOR CHRONIC LYME DISEASE.**

Subdivision 1. Definitions. (a) For purposes of this section, the definitions in this subdivision have the meanings given them.

(b) "Chronic Lyme disease" means the clinical diagnosis by a primary care physician, rheumatologist, infectious disease specialist, or neurologist of the presence of signs and symptoms compatible with Borrelia burgdorferi or with complications related to such an infection that persist after the completion of an established recommended course of antibiotic treatment for acute Lyme disease.

(c) "Long-term antibiotic therapy" means the prolonged administration of oral, intramuscular, or intravenous antibiotics, singly or in combination, for periods of greater than the recommended 28-day course of antibiotic treatment for acute Lyme disease.

(d) "Therapeutic purpose" means the use of antibiotics to control a patient's symptoms determined by the physician as reasonably related to Lyme disease and its sequelae.

Subd. 2. Long-term antibiotic therapy. (a) Notwithstanding Minnesota Statutes, section 147.091, a physician shall not be subject to disciplinary action by the Board of Medical Practice solely on the basis of prescribing, administering, or dispensing long-term

antibiotic therapy for a therapeutic purpose to a patient who has been clinically diagnosed with chronic Lyme disease.

(b) Nothing in this section shall prohibit the board from bringing disciplinary action against any physician who:

(1) prescribes, administers, or dispenses long-term antibiotic therapy for a nontherapeutic purpose;

(2) fails to monitor the ongoing care of a patient receiving long-term antibiotic therapy; or

(3) fails to keep complete and accurate ongoing records of the diagnosis and treatment of a patient receiving long-term antibiotic therapy.

Subd. 3. **Sunset.** This section expires July 1, 2015, or upon the passage of federal legislation that provides for a scientifically qualified assessment of the research gaps in the diagnosis and treatment of chronic Lyme disease and an evaluation of treatment guidelines and their utilization, whichever is later.

Sec. 2. **EFFECTIVE DATE.**

Section 1 is effective the day following final enactment.